FORM NLRG-501 (11-88)

# UNITED STATE, AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO, JOT WRITE	IN THIS SPACE
24-CA-22638	Date Filed /3/2007

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged

	AGAINST WHOM CHARGE IS BROU	GHT
Name of Employer thens Distribution		b. Number of workers employed
Address (Street, city, state, and ZIP code) 05 James Street 15 TN 38106-	d. Employer Representative Craig Woods	e. Telephone No. (901)774-8888 Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	Warehouse Manager g. Identify principal product or service Alcoholic beverages	]()-
h. The above-named employer has engaged in and is eng and (list subsections) (3)		aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
n about (b) (6). (b) (7)(C) 2006, the above-named employ	yer terminated (b) (b), (b) (7)(C) in retaliat	ion for ever union and profected activities.
Ty.		
		See.
By the above and other acts, the above-named employer is Section 7 of the Act.  Full name of party filing charge (if labor organization, give		1111
(b) (6), (b) (7)(C)		
a. Address (Street and number, city, state, and ZIP code) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
<ol> <li>Full name of national or international labor organization organization)</li> </ol>		be filled in when charge is filed by a labor
(b) (6), (t)	<ol> <li>DECLARATION and that the statements are true to the property (7)(C)</li> </ol>	(b) (b), (b) (7)(c) An Individual
y signature or representative or person making charge,		(Print/type name and title or office, if any)

FORM NLRB-501

UNITED STATES C. **MERICA** NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

( ORM I	EXEMPT UNDER 44 U.S.C. 3512
DCJT. WR	ITE IN THIS SPACE
Case 26-CA-22661	Date Filed 2/5/2007

#### INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regi- the region in which the alleged unfair labor practice occurre	ed or is occurring.	<del></del>
a. Name of Employer Mapco Express	SAINST WHOM CHARGE IS BROUGHT	b. Number of workers employed 50
c. Address (street, city, state, ZIP code) 830 Crescent Centre Drive Suite 300 Franklin, TN 37067	d. Employer Representative Rick Kiser Regional Manager	e. Talaphone No. cell 615-517-2335
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or se	Nice
convenience store	gas and food	
<ul> <li>h. The above-named employer has engaged in and is engaging subsections (1) of the National Labor Relations Act, and the affecting commerce within the meaning of the Act.</li> <li>2. Basis of the Charge (set forth a clear and concise statement)</li> </ul>	nese unfair labor practices are unfair practic	es
On or about (b) (6), (b) (7)(C) 2007, the above-representatives terminated (b) (6), (b) (7)(C) for	named employer by its officer engaging in protected concer	rs, agents, and rted activities.
By the above and other acts, the above-na coerced employees in the exercise of the r		
<ol> <li>Full name of party filing charge (if labor organization, give full (b) (6), (b) (7)(C)</li> </ol>	I name, including local name and number)	
(b) (6), (b) (7)(C)		4b. Telephone No. (b) (6), (b) (7)(C)
<ol> <li>Full name of national or international labor organization of wh by a labor organization.</li> </ol>	nich it is an affiliate or constituent unit (to be	filled in when charge is filed
(b) (6), (b) (7)(C)	DECLARATION     that the statements are true to the best of the control of t	my knowledge and bellef.
		Individual
Signa	(b) (6), (b) (7)(C)	Individual
Signa rge Address	(b) (6), (b) (7)(C)  Telephone No. (b) (6), (b) (7)(C)	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

#### UNITED STATILL OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXE	MPT UNDER	44 U.S.C	3512
 			-

DU NOT WRITE IN THIS SPACE

Date Filed

26-CA-22676

Case

// 2/14/2007

INSTRI	

	1. EMPLOYE	ER AGAINST WHOM CHARGE IS BROU	
. Name of Employer Jallmark Management, Inc.			b. Number of workers employed 5
c. Address (Street, city, state, ar	nd ZIP code)	d. Employer Representative	e. Telephone No.
3111 Paces Mill Road SE	Suite A-250	Carrie	(770)984-2100
Atlanta	GA 30339-	Boyd	Fax No.
Type of Establishment (factory	- TANKE STANKE	Regional Manager g. Identify principal product or service	(770)952-8821
roperty Maintenance	, milie, wholesaler, etc.)	Apartment Maintenance	
h. The above-named employe and (list subsections)	er has engaged in and is e	engaging in unfair labor practices within the me	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor prac	tices are practices affecti	ng commerce within the meaning of the Act.	
Section 7 of the Act.		er has interfered with, restrained, and coerced em	
4a. Address (Street and number b) (6), (b) (7)(C)	r, city, state, and ZIP code		4b. Telephone No. (b) (6), (b) (7)(C)
		(b) (6), (b) (7)(C)	Fax No.
5. Full name of national or inter	national labor organization	n of which it is an affiliate or constituent unit (to	be filled in when charge is filed by a labor
organization) NA	nauonai laboi diganizano		Diam. (2017)

(PrinVtype name and title or office, if any)

(b) (6), (b) (7)(C)

Address

(b) (6), (b) (7)(C)

(fax) ( ) (b) (6), (b) (7)(C

(date)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRIT	E IN THIS SPACE
26-CA-22284	Date Filed 2007

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party na	amed in item 1 with NLR	B Regional Director	for the region	n in which the a	illeged
infair labor practice occurred or is occurring		2	C. C. C. C. L. L.		

1. EMPLOYER	AGAINST WHOM CHARGE IS BROU	IGHT
a. Name of Employer Gulf Rice Arkansas		b. Number of workers employed
c. Address (Street, city, state, and ZIP code) 5178 Main Street Crawfordsville AR 72327-	d. Employer Representative Gary Parks General Manager	e. Telephone No. (870)823-5700 Fax No.
f. Type of Establishment(factory, mine, wholesaler, etc.) Rice Mill	g. Identify principal product or service Rice	
<ul> <li>The above-named employer has engaged in and is eng and (list subsections)</li> </ul>		eaning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
By the above and other acts, the above-named employer h Section 7 of the Act.	as interfered with, restrained, and coerced em	ployees in the exercise of the rights guaranteed in
3. Full name of party filing charge (if labor organization, give	full name, including local name and numbe	
4a. Address (Street and number, city, state, and ZIP code) (b) (6). (b) (7)(C)	(b) (6), (b) (7)(C)	4b, Telephone No. (b) (6), (b) (7)(C) Fax No.
Full name of national or international labor organization organization)	f which it is an affiliate or constituent unit (to	be filled in when charge is filed by a labor
(b) (6), (b) (7)(C)  By X (si.  Address (b) (6), (b) (7)(C)  (b) (6), (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(Print/type name and title or office, if any)

PORM NLRB-S01 (11-68)

#### UNITED ST. S OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S C 3512	
LU NOT WR	ITE IN THIS SPACE	
288	Date Filed	
26-CA-22708	1/ 3-12-2007	

INSTRUCTIONS	

Name of Employer	1. EMPLOYER	AGAINST WHOM CHARGE IS BROU	
Marite of Cuthinker			b. Number of workers employed
OK Food Industry, Inc.			1500
Address (Street, city, state	e, and ZIP code)	d. Employer Representative	e. Telephone No.
). Box 1119		Christy	(479)784-1333
rt Smith	AR 72902	Terry Human Resources Manager	Fax No.
Type of Establishment(factory, mine, wholesaler, etc.)  q. Identify principal product or service chicken products			11.75
n. The above-named emp	loyer has engaged in and is engag	ing in unfair labor practices within the me	ening of section 8(a), subsections (1) of the National Labor Relations Act,
	practices are practices affecting co	ommerce within the meaning of the Act.	_
		,	
Section 7 of the Act.		interfered with, restrained, and coerced emp Il name, including local name and number)	
Section 7 of the Act.  Full name of party filing ch ), (b) (7)(C)  Address (Street and numb			Cb. Talephone No.
Section 7 of the Act.  (u) name of party filing ch  (b) (7)(C)  Address (Street and numb	arge (If labor organization, give ful	ll name, including local name and number)	Ch. Telephone No. (b) (6), (b) (7)(C)
Section 7 of the Act.  (u) name of party filing ch  (b) (7)(C)  Address (Street and numb	arge (If labor organization, give ful		5b. Talephone No.
Section 7 of the Act.  Full name of party filing ch.  (b) (7)(C)  Address (Street and numb.  (6), (b) (7)(C)	erge (If labor organization, give ful per, offy, state, and ZIP code) ternational labor organization of wi	ll name, including local name and number)	Cb. Talephone No. (b) (6), (b) (7)(C)  Fax No. (b) (6), (b) (7)(C)  Da filled in when charge is filed by a labor

FORM NLRB-501 (11-88) UNITED STATES! MERICA
NATIONAL LABOR RE IONS BOARD
CHARGE AGAINST EMPLOYER

DO! WE	ITE IN THIS SPACE	
Case	Date Filed	
26-CA-22713	1/ 3-19-2007	

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

T. EWI LOTEI	R AGAINST WHOM CHARGE IS BROU		
Name of Employer		b. Number of workers employed	
ay's One Stop	2		
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.	
011 E. Kiehl	Raymond	(501)835-2561	
crwood AR 72120-	Edwards	Fax No.	
Type of Establishment (factory, mine, wholesaler, etc.) soline station	8		
h. The above-named employer has engaged in and is eng and (list subsections)  and these unfair labor practices are practices affecting		ning of section 8(a), subsections (1) of the National Labor Relations Act,	
On or about (b) (6), (b) (7)(c) 2007, the about protected, concerted activity.	ve-named Employer terminated me bec	ause of my	
By the above and other acts, the above-named employer he Section 7 of the Act.			
Section 7 of the Act.  Full name of party filing charge (If labor organization, give.)			
Section 7 of the Act.  Full name of party filing charge (If labor organization, give 6). (b) (7)(C)  Address (Street and number, city, state, and ZIP code)			
Section 7 of the Act.  Full name of party filing charge (If labor organization, give 6). (b) (7)(C)  Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	(b) (6), (b) (7)(C)	
Section 7 of the Act.  Full name of party filing charge (If labor organization, give 6). (b) (7)(C)  Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C) Fax No.	
By the above and other acts, the above-named employer has Section 7 of the Act.  Full name of party filing charge (If labor organization, give (6). (b) (7)(C)  1. Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of ganization)	full name, including local name and number) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)  Fax No.  ( ) -	
Section 7 of the Act.  Full name of party filing charge (If labor organization, give. (6), (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of ganization)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to b)	(b) (6), (b) (7)(C)  Fax No.  ( ) -  se filled in when charge is filed by a labor	
Section 7 of the Act.  Full name of party filing charge (If labor organization, give. 6). (b) (7)(C)  Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization of	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be constituent).	(b) (6), (b) (7)(C)  Fax No.  ( ) -  se filled in when charge is filed by a labor	

P.02

TERNET FORM NLRB-601 (11-84)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

`1	PORM EXEMPT UNDER 44 U.S.C.			
DO NOT WRITE IN THIS SPACE				
Case	pse Date Filed			
26-CA-22718	March 26, 2007			

#### INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the elleged unfair isbor practice

occurred or is occurring.		
1. EMPLOYER AG	AINST WHOM CHARGE IS BROUGHT	
s. Name of Employer		b. Number of Workers Employed
UNITED PARCEL SERVICE, INC.		Appara. 60 clrivers
c. Address (street, city, State, ZIP, Code)	e. Telephone No. 605 885 858/	
705 Massman Dr. Nashville, Tn. 37210	Fax No.	
1. Type of Establishment (factory, mine, wholesaler, etc.)  discribution Center	g. Identity Principal Product or Service delivery Services	
The above-named employer has engaged in and is engaging in unfasubsections)  practices are unfair practices affecting commerce within the meaning.	of the National Labor Re	(a), subsections (1) and (fist sigtions Act, and these unfair labor
2. Basis of the Charge (set forth a clear and concise statement of the		)s.)
Since on or about 3/2/07, Employer's 705 Massman Dr	, managers and for sur	pervisors at the end the NLRA by
the following and other cond	duct:	
o threatening employers	ees with discharge f	
engaging in protect chisthering those en encouraging apply union while simulta	s to inform the Employees; playees; ees to join and/er Su ineasily threating to a	poort the Teamstas
a enficing its Newly	solicitation produstribut, announced no school	in/10 distribution
policy in a dispurate	vac.q.c.r	
By the above and other acts, the above-numed employer has integuaranteed in Section 7 of the Act.	erfered with, restrained, and coerced employs	ees in the exercise of the rights
3. Full name of party filing charge (if labor organization, give full name,	including local name and number)	
HAR ASSOCATION OF PACIE WORL	KERS OF HMERICA	Į
4a. Address (street and number, city, State, and ZIP Code)		4b. Telephone No.
P. D. Bay 58422 PALETTI AL	~ 77653	70 9 202 2131
5. Full name of national or international labor organization of which it is		charge is fied by a labor organization)
By (Signature of representative or person making charge)	DECLARATION at the statements are true to the best of my k	nowledge and belief.  (Title if any)
Address P.O. Boy 58427 RALETCH, NO	27658 Fax No. 104-604-7.	3/24/67

FORM NLRB-501 (11-88)

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
26-CA-2273D	Date Filed Opin 13 2007		

INS	TRI	ICT	0	NS.

File an original together with four copies and a copy for each additional charged party named in item 1 with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

the state of the s	1. LIVIT LO I LI	RAGAINST WHOM CHARGE IS BROU		
Name of Employer     Sulf Rice Arkansas			b. Number of workers employed	
. Address (Street, city, sta	ite, and ZIP code)	d. Employer Representative	e. Telephone No.	
5178 Main Street Crawfordsville AR 72327-		Gary	(870)823-5700	
		Parks General Manager	Fax No.	
f. Type of Establishment (factory, mine, wholesaler, etc.)  Rice Mill  General Manager  g. Identify principal product or service  Rice				
h. The above-named em and (list subsections)	nployer has engaged in and is eng	gaging in unfair labor practices within the me	aning of section 8(a), subsections (1) of the National Labor Relations Act,	
and these unfair labo	r practices are practices affecting	commerce within the meaning of the Act.		
By the above and oth Section 7 of the Act.	er acts, the above-named employer	has interfered with, restrained, and coerced em	nployees in the exercise of the rights guaranteed in	
Section 7 of the Act.  3. Full name of party filing		has interfered with, restrained, and coerced em e full name. including local name and numbe		
Section 7 of the Act.  3. Full name of party filing (b) (6), (b) (7)(C)				
Section 7 of the Act.  3. Full name of party filing (b) (6), (b) (7)(C)  4a. Address (Street and note) (b) (6), (b) (7)(C)	charge (if labor organization, given the control of	e full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C) Fax No.	
Section 7 of the Act.  3. Full name of party filing (b) (6), (b) (7)(C)  4a. Address (Street and note) (b) (6), (b) (7)(C)  5. Full name of national corganization)  I declare that By \( \begin{align*} (b) (6),	charge (if labor organization, given the control of	e full name, including local name and number	(b) (6), (b) (7)(C)  Fax No. ( ) - o be filled in when charge is filed by a labor	

FORM NURB-801

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER FORM EXEMPT UNDER 44 U.B.C. 3612

INSTRUCTIONS			
File on original and	& copies of this of	HEITER WHITH NURSE	opional Director for
the makes In which	the ellered traffile	feber schaffen non	word or in comercia.

a. Name of Employer United States Postal Service		b. Number of employers involved 754
c. Address (street, city, state, ZIP code) 5228 East Gay Lebenon TN 37090	d. Employer Representative Bud Moon Past Master	e. Telephone No. 815-483-4758
1. Type of Balah labyrerit (lockery, relies, whomasier, etc.) Postal Gervice	g. Identify principal product or serving	<b>*</b>

The store-named employer has angeged in and is engaging in unfell (abor practices within the meaning of section 5(s), submodism (4) and (3) of the Matienal Labor Ralations Act, and these unfell labor practices are unfell practices affecting convenerably within the mapping of the Act.
 Beals of the Dharps (and forth a closer and consider statement of the factor constituting the alleged unfell labor practices)

For the past six months and confinuing to date (b) (6), (b) (7) (C) has retallated against (b) (6), (b) (7)(C) by terminating employment on or about threatened to file grievances and because filed an EEO grievance too.

By the above and other acts, the above-named employer has interfered with, restrained, and coerced employees in the exercise of the rights puramised in Section 7 of the Act.

charge (If labor organization, give full name, including local name and number) ody, plate and ITP code) 4b. Telephone Ns. (b) (6), (b) (7)(C) E. Fut rums of notional or intermeternal labor expenses from of which it is an addition or considered unit the best flow than energy to find by a upper arganization. American Postal Workers Union Local 1467

ne individual

Address Barne as 4a

Oste Telephone No. Same as 45

WALLFUL FALME STAYPHENTS ON THE CHANGE CAN DE FUNDINED BY FINE AND IMPRECIBIENT (U.B. COCK, TITLE 11, SECTION 1001)

FORM NLR2-501 (11-88)

UNITED STATEL AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512
W TC., OD	RITE IN THIS SPACE
Case 26-CA-22747	Date Filed // 5-4-2007

INS	rrı	JCT	10	NS:

1, EMPLOYE	R AGAINST WHOM CHARGE IS BROU	
Name of Employer	b. Number of workers employed	
tone and Webster Construction, Inc.	App. 800	
Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
348 SR 33 ANO	James	(479)858-4885
ussellville AR 72802-	Shephard Supervisor	Fax No.
Type of Establishment (factory, mine, wholesaler, etc.)	10)-	
h. The above-named employer has engaged in and is en and (list subsections)	seaffolding gaging in unfair labor practices within the med	aning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
By the above and other acts, the above-named employer t	has interfered with, restrained, and coerced emp	oloyees in the exercise of the rights guaranteed i
Section 7 of the Act.  Full name of party filing charge (if labor organization, give		A A T A CHE WILL A CHEST
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (6), (7),(C)		
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6).(b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)		A A T A CHE WILL A CHEST
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (i), (b) (7)(c)  a. Address (Street and number, city, state, and ZIP code)	e full name, including local name and number	4b, Telephone No.
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (6), (b) (7)(C)  a. Address (Street and number, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)
	(b) (6), (b) (7)(C)  of which it is an affiliate or constituent unit (to	4b, Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (ii. b) (7/C)  a. Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization organization)  (b) (6), (b) (7)(C)	e full name, including local name and number	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.  Individual
Section 7 of the Act.  Full name of party filing charge (if labor organization, give (i) (i) (7)(C)  a. Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  Full name of national or international labor organization organization)	(b) (6), (b) (7)(C)  of which it is an affiliate or constituent unit (to 6. DECLARATION and that the statements are true to the	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief

INTERNET FORM NLR9-501 (11-94)

## UNITED STATES OF AMERICA DO NOT WRITE IN THIS SPACE

NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
26-CA-22760	5/22/2007		

INSTRUCTIONS:

File an original and 4 copies of this charge with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AG	GAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer United States Postal St	ervice Meyoris PLDC	b. Number of Workers Employed WKHOWA
c. Address (street, city, State, ZIP, Code) 555 South Third St,	Joesph Pegues, JR.	e. Telephone No. (901) 521-2245 Fax No.
Memphis, Tw 38125 f. Tyge of Establishment (factory, mine, wholesaler, etc.)	g. Identify Principal Product or Service	
h. The above-named employer has engaged in and is engaging in unfo	distribution of mar	cubsortions (1) and (flet
subsections) practices are unfair practices affecting commerce within the meaning	of the National Labor Rela	tions Act, and these unfair labor
Basis of the Charge (set forth a clear and concise statement of the		) .
The Postal Service violated the	production to the contract of	
without just cause when:		
(b) (6), (b) (6), (b)	(7)(C) facility on	13.
2. Changed mg arbitrated the	(b) (6), (b) (7)(C) facility	65 04 300m to
3. Displaced me from (D) (O), (D)	(1)(C) (a) (5), (b) (6),	(b) (7)(C)
ment on	eturn to my arbitrated	bid cherry assign-
5. Abolished my stated b to 03: copm on for these actions were a room	id cluty assignment en	I hours to 0630m
These actions were a result and concerted activity.	it of my rights to engage	ge in EED protective
By the above and other acts, the above-named employer has in guaranteed in Section 7 of the Act.	terfered with, restrained, and coerced employee	s in the exercise of the rights
<sup>3</sup> (b) (6) (b) (7)(C)	, including local name and number)	
(b) (6), (b) (7)(C)		b) (6), (b) (7)(C) Fax No.
5. Full flame of national of miternational aportorganization of which it is	s an affiliate or constituent unit (to be filled in when c	harge is filed by a labor organization)
	6. DECLARATION hat the statements are true to the best of my known	
Address (b) (6), (b) (7)(C)	(b) (6), (b) (7)	(Title,if any) (C) 05/17/67

FORM NLRB-501 (11-88)

UNITED STAT - AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S.C 3512	
D. OT WRITE IN THIS SPACE		
Case	Date Filed	
26-CA-22809	/ / 7-16-2007	

	R AGAINST WHOM CHARGE IS BROU	GHT
a Name of Employer Saline Memorial Hospital		b. Number of workers employed
c Address (Street, city, state, and ZIP code) #1 Medical Park Drive	d. Employer Representative Pat Pope	e. Telephone No. (501)776-6965 Fax No.
Benton AR 72015-	Human Resource Manager	()-
f. Type of Establishment(factory, mine, wholesaler, etc.) Hospital	g. Identify principal product or service Hcalthcare	
The above-named employer has engaged in and is engaged in and is engaged (list subsections)  and these unfair labor practices are practices affecting.		ining of section 8(a), subsections (1) of the National Labor Relations Act,
On or around 2007 the above-named Employ protected concerted activity.  For the last 6 months, and continuing to date, the Employ wages, hours, and working conditions.	yer, through its officers, agents, and sup	ervisors, terminated me in retaliation for my
By the above and other acts, the above-named employer h Section 7 of the Act.	as interfered with, restrained, and coerced empl	oyees in the exercise of the rights guaranteed in
3. Full name of party filing charge (if labor organization, give (b) (6), (b) (7)(C)	full name, including local name and number)	
4a Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b, Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
<ol> <li>Full name of national or International labor organization of organization)</li> </ol>	f which it is an affiliate or constituent unit (to t	
(b) (6), (b) (7)(C)	6. DECLARATION and that the statements are true to the to (b) (6), (b) (7)(c)	pest of my knowledge and belief.  An individual  (Printlype name and title or office, if any)

FORM NLRB-501 (11-88)

### UNITED STA. .... AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT UNDER 44 U.S. C 3512	
DO MOT WRITE IN THIS SPACE		
Case	Date Filed	
26-CA-22810	7-16-2007	

IMSTR	1103	rin	NIC.

110 Control of Control	R AGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer National Healing		b. Number of workers employed
c Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
6400 Congress Ave., Suite 2200	Faye	(561)994-1174
	Tragor	Fax No.
	Human Resource Manager	() -
f. Type of Establishment (factory, mine, wholesaler, etc.) Modical Center	g. Identify principal product or service Healthcare Management	
<ul> <li>The above-named employer has engaged in and is eng and (list subsections)</li> </ul>		oning of section 8(a), subsections (1) of the National Labor Relations Act,
and these unfair labor practices are practices affecting	commerce within the meaning of the Act.	
protected concerted activity.  For the last 6 months, and continuing to date, the Empwages, hours, and working conditions.	oloyer has unlawfully maintained rules p	prohibiting employees from discussing their
By the above and other acts, the above-named employer ha	as interfered with, restrained, and coerced emp	oyees in the exercise of the rights guaranteed in
By the above and other acts, the above-named employer has Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)		
Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give		
Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)		
Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)		(b) (6), (b) (7)(C) Fax No.
Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)	full name, including local name and number)	(b) (6), (b) (7)(C)  Fax No.  ( ) -
Section 7 of the Act.  3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C)  4a. Address (Street and number, city, state, and ZIP code)  b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be	(b) (6), (b) (7)(C)  Fax No. ( ) -  se filled in when charge is filed by a labor

INTERNET PORM NURS-BON

#### UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	FORM EXEMPT OF DESCRIPTION OF THE	
DO NOT WRITE IN THIS SPACE		
Case	Dale Filed	
26-CA-22865	9/19/2007	

INGTO		

File an original and A copies of this charge with NLRB Regional Director for the region in which the slieged unfair labor practice

	ER AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer		b. Number of Workers Employed
TS Trucking LLC		100
c. Address (street city, State, ZIP, Code)	d. Employer Representative	e. Telephone No. 270-202-7949
200 Tobaco Road Bowling Green, KY, 42101	Brian Rose	Fax No.
Type of Establishment (factory, mine, wholescier, etc.) g. Identity Principal Product or Service		
rucking Company (Dump Truck Operation) Hauling Materials, Asphalt and Ro		ock
h. The above-named employer has empaged in and is engaging subsections.) Subsection 1 and Subsection 3 practices are unfair practices affecting commerce within the r	of the National I	ection 8(s), subsections (1) and (first labor Relations Act, and those until abor
2. Basis of the Charge (sel forth a clear and concise statement	of the facts constituing the alleged unital labor	practices.)
sympathics, activities and circumstances that have intended the Act.  On or abov(b) (6), (b) (7)(C) 2007 the above named emp	oloyer, by its officers, agents, and represe behalf of Teamsters Local Union #89, by rfered with, restrained and coerced emplo- loyer, by its officers, agents, and represe behalf of Teamsters Local Union #89, by loyer, by its officers, agents, and represe emsters Local Union #89 for collecting	ntatives, have discriminated aginst its rissuing discipliary actions to natives, terminated the employment of names on a petition for a RC election.
uarenteed in Section 7 of the Act.		imployees in the exercise of the rights
uaranteed in Section 7 of the Act. Full name of party filing charge (if lebor organization, give fid a	name, including local name and number)	imployees in the exercise of the rights
maranteed in Section 7 of the Act.  Full name of party filing charge (if lebor organization, give full international Brotherhood of Teamsters Local Union No.	name, including local name and number)	
paramised in Section 7 of the Act.  Full name of party filing charge (if lebor organization, give fid a sternational Brotherhood of Teamsters Local Union No. Address (street and number, city, State, and ZIP Code)	name, including local name and number)	4b. Telephone No.
paramised in Section 7 of the Act.  Full name of party filing charge (if lebor organization, give fid a sternational Brotherhood of Teamsters Local Union No. Address (street and number, city, State, and ZIP Code)	name, including local name and number)	4b. Telephone No. 502-368-5885 Fax No.
paramteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give fid in international Brotherhood of Teamsters Local Union No. Address (street and number, city, State, and ZIP Code)  813 Taylor Boulevard Louisville, KY. 40215  Full name of national or international labor organization of which	neme, including local name and number) 0.89	4b. Telephone No. 502-368-5885 Fax No. 502-366-2009
By the above and other acts, the above-named employer be parameted in Section 7 of the Act.  Full name of party filing charge (if lebor organization, give fid international Brotherhood of Teamsters Local Union No. Address (street and number, city, State, and ZIP Code) 813 Taylor Boulevard Louisville, KY. 40215  Full trame of national or international tabor organization of which international Brotherhood of Teamsters	name, including local name and number)  0.89  th R is an affiliate or constituent unit (to be filled)	4b. Telephone No. 502-368-5885 Fax No. 502-366-2009 In when charge is filed by a (abor organization)
suaranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give fid international Brotherhood of Teamsters Local Union No. Address (street and number, city, State, and ZIP Code)  1813 Taylor Boulevard Louisville, KY. 40215  Full name of national or international labor organization of which	name, including local name and number)  0.89  th it is an affiliate or constituent unit (to be filled)  6. DECLARATION  and that the electements are true to the best o	Ab. Telephone No. 502-368-5885 Fax No. 502-366-2009 In when charge is filed by a lister organization) If my knowledge and befiel.
suaranteed in Section 7 of the Act.  Full name of party filing charge (if labor organization, give fed international Brotherhood of Teamsters Local Union Note.  Address (streef and number, city, State, and ZIP Code)  1813 Taylor Boulevard Louisville, KY. 40215  Full name of national or international labor organization of which international Brotherhood of Teamsters  I deciare that I have read the above charge a	theme, including local name and number)  o. 89  th R is an affiliate or constituent unit (to be filled)  6. DECLARATION  and that the statements are true to the best of	4b. Telephone No. 502-368-5885 Fax No. 502-366-2009 In when charge is filed by a fatior organization) If my knowledge and befile. Int To The President
parameted in Section 7 of the Act.  Full name of party filing charge (if lebor organization, give fid a sternational Brotherhood of Teamsters Local Union No. Address (street and number, city, State, and ZIP Code) is 13 Taylor Boulevard Louisville, KY. 40215  Full name of national or international labor organization of which international Brotherhood of Teamsters	theme, including local name and number)  o. 89  th R is an affiliate or constituent unit (to be filled)  6. DECLARATION  and that the statements are true to the best of	#B. Telephone No. 502-368-5885 Fax No. 502-366-2009 In when charge is filed by a labor organization) If my knowledge and beflet. and To The President

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1891)

P.05

FORM NLRB-501

UNITED STATES OF JERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

	1	ORM EXEMPT UNDER 44 U.S.C. 3512
П	DO	T WRITE IN THIS SPACE
	Case 26-CA-2288	Date Filed 10/11/2007

INSTRUCTIONS

	R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer Dorman Products, Inc.		b. Number of workers employed 100
c. Address (street, city, state, ZIP code) 3150 Barry Drive Portland, TN 37148	d. Employer Representative Troy Holden Manager	e. Telephone No. 615-323-7020
f. Type of Establishment (factory, mine, wholesaler, etc.)	g. Identify principal product or se	Nice
distribution	automotive aftermarke	
h. The above-named employer has engaged in and is eng- subsections (1) and (3) of the National Labor Relation affecting commerce within the meaning of the Act. 2. Basis of the Charge (set forth a clear and concise stater	ns Act, and these unfair labor practices are unfai	r practices
Since on or about (b) (6), (b) (7)(C) 2007 a and threatened to remove benefits if the		eatened to layoff employees
	continuing, the Employer has di spension because of union activi	scriminated against ties and protected
Since on or about (b) (6), (b) (7)(C) 2007 and by issuing warnings and a suscencerted activities.		scriminated against ties and protected
concerted activities.		ties and protected  4b. Telephone No. (b) (6), (b) (7)(C)
concerted activities.  3. Evill name of party filing charge (if labor organization, give) (6), (b) (7)(C)	ve full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
Concerted activities.  3. Eull name of party filing charge (if labor organization, gives) (6), (b) (7)(c)  4a. Address (street and number, city, state and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization by a labor organization.	of which it is an affiliate or constituent unit (to be  6. DECLARATION e and that the statements are true to the best of	4b. Telephone No. (b) (6), (b) (7)(C)  filled in when charge is filed  my knowledge and belief.
concerted activities.  2. Full name of party filing charge (if labor organization, gives) (6), (b) (7)(C)  4a. Address (street and number, city, state and ZIP code)  (b) (6), (b) (7)(C)  5. Full name of national or international labor organization by a labor organization.	ve full name, including local name and number)  of which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  filled in when charge is filed

615 736 7761

P.03

FORM NLRB-501

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

	M EXEMPT UNDER 44 U.S.C. 3512
100 Jul	WRITE IN THIS SPACE
Case 26-CA-22886	Date Filed 10/11/2007

INSTRUCTIONS

File an original and 4 copies of this charge with NLRB Regional Director for

the region in which the alleged unfair labor practice oc	curred or is occurring.  R AGAINST WHOM CHARGE IS BROUGHT	
a. Name of Employer  Dorman Products, Inc.	R ABAINST WHOM CHARGE IS BRODGITT	b. Number of workers employed 100
c. Address (street, city, state, ZIP code) 3150 Barry Drive Portland, TN 37148	d. Employer Representative Troy Holden Manager	e. Telephone No. 615-323-7020
f. Type of Establishment (factory, mine, wholesaler, etc.) distribution	g. Identify principal product or se automotive aftermarke	et parts
h. The above-named employer has engaged in and is eng subsections (1) and (3) of the National Labor Relation affecting commerce within the meaning of the Act.		
representatives has discriminated again	l continuing, the Employer by its nst (b) (6), (b) (7)(C) by issuing because of union activities and p	warnings, counselings,
3. Full name of party filing charge (if labor organization, gi (b) (6), (b) (7)(C)	ve full name, including local name and number)	
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)
<ol> <li>Full name of national or international labor organization by a labor organization.</li> </ol>		filled in when charge is filed
(b) (6), (b) (7)(C)	6. DECLARATION go and that the statements are true to the best of (b) (6), (b) (7)(C)	my knowledge and belief. Individual Title
(b) (6), (b) (7)(C)	Telephone No. (b) (6), (b) (7)(C)	Date 10-9-07

INTERNET FORM NURR-501 19-071

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

FORM EXEMPT UNDER AN U.S.C 3512

DO NOT WRITE IN THIS SPACE Date Filed 10-29-2007 Case 26-CA-22900

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INST	 ~~	~	
INS		$\omega$	150

1. EMPLOYER	AGAINST WHOM CHARGE IS BROUG	
a. Name of Employer		b. Number of workers employed
ARK. HUMAN DEVELOPMI	ENT CORP.	
c. Address (Sireet, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
300 SOUTHSPRING ST#800		501-374-1103
LITTLE ROCK AR 72201-2424		Fax No.
Type of Establishment (lactory, mine, wholesaler, etc.)	g. Identify principal product or service	
HUMAN DEYELORMENT	EDUCATION + SO	VIAL SPRVICE
and (list subsections) Discriming Tion unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal R	1 + FLSA, AGE+ ilhin the meaning of the Act, or these unfi	3 of the National Labor Relations Act, and these
2. Basis of the Charge (set forth a clear and concise statement	of the facts constituting the alleged unfa-	ir latior practices)
I WAS TERMINATED FROM E	(b) (d)	07. The charbe
WAS FAILURETO MEET FEDE	RALPERFORMAN	PAYLOTTING CDA
CREDENTIALS. ATTHETIME	OF MY HIRING, I	WAS PROMISED BY
The Previous (b) (6), (b)	) (7)(C)	(b) (6), (b) (7)(C)
THAT ANY JOB RELATED	COLLE LE COURSES	REDUIREDBYTHE
EMPLOYER WOULD BE PAIN	DFOR BY THE Emp	LOYER. EACH TIME I
Reduested FINANCIAL A.	ID FROM The Em	PLOYER FOR JOB
RELATED EDUCATION CON SUPERVISOR (b) (6), (b) (7	iRSes, I WASIN	FORMED BY MY
3 UPENVISOR (D) (O), (D) (1	THAT NO FUN	DSWEDD AVAILABLO
TOME. I AMTHE (b) (6),	(b) (7)(C)	0)(6)(0)(7)(
o Fthe (b) (6), (b) (7)(C)		SCHOOL YNSOLD) ALL
	FLE COURTE	AYERECEIVED FINANCE
3. Full name of party filling charge (if labor organization, give fu	ill name, including local name and number	The Employen.
(b) (6), (b) (7)(C)		
4a Address (Street and number, city, state, and ZIP code)		4b. Telephone No.
(b) (6), (b) (7)	(C)	(b) (6), (b) (7)(C)
5. Full name of national or international labor organization of w organization)	vnich it is an affiliate or constituent unit (t	be filled in when charge is filed by a labor
I declare that I have read the above charge a	6. DECLARATION and that the statements are true to the	e best of my knowledge and belief.
$\mathbf{B}_{\mathbf{V}_{\mathbf{I}}}(\mathbf{D})$ (O), (D) (7)(C)		(Print/lype name and title of office, if any)
(b) (c) (b) (7)(C)	(fax) (b) (6). (	(Print/type name and little of office, if any)

FORM NLR8-501 (9-07)

UNITED STATE **AMERICA** NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

_		FORM EXEMPT UNDER 44 U.S.C 3512
	WTL OO	RITE IN THIS SPACE
Case		Date Filed
26-CA	-22908	11-7-2007

INSTRUCTIONS:

1),E	MPLOYER AGAINST WHOM CHARGE IS BROU	
a Name of Employer United States Postal Service		b. Number of workers employed Appx. 20
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
100 East 8th Ave.	Pamela	(870)536-3535
Pine Bluff AR 7	1601- Promas	Fax No.
. Type of Establishment(factory, mine, wholesals	Postinaster	(() -
hil facility	Mail	
n. The above-named employer has engaged in a subsections) (3)	nd is engaging in unfair labor practices within the meaning	ng of section 8(a), subsections (1) and (list onal Labor Relations Act, and these unfair labor
	thin the meaning of the Act, or these unfair labor practice	A PARTY OF THE PAR
(b) (6), (b) (7)(C) 1007, the above-named Employer in retaliation for filing a grievance I re-	oyer, through its officers, agents and supervisors, ceived over a suspension.	removed the from the position of
6) (6), (b) (7)(C)	ization, give full name, including local name and number	4h Telephone No.
4a Address (Street and number, city, state, and	ZIP code)	4b Talephore No (b) (6), (b) (7)(C)
a. Address (Street and number, city, state, and b) (6), (b) (7)(C)	ZIP code) (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)  Fax No. ( ) -
Address (Street and number, city, state, and b) (6), (b) (7)(C)  5. Full name of national or international labor ore	ZIP code)  (b) (6), (b) (7)(C)  ganization of which it is an affiliate or constituent unit (to	(b) (6), (b) (7)(C)  Fax No. ( ) -
6) (6), (b) (7)(C)  63. Address (Street and number, city, state, and b) (6), (b) (7)(C)  5. Full name of national or international labor organization)	(b) (6), (b) (7)(C)  ganization of which it is an affiliate or constituent unit (to  6. DECLARATION  ove charge and that the statements are true to the  (b) (6), (b) (7)(C)	(b) (6). (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief  An individual
5) (6), (b) (7)(c)  4.3 Address (Street and number, city, state, and po) (6), (b) (7)(C)  5. Full name of national or international labor organization)  1. declare that I have read the above to (6), (b) (7)(C)	(b) (6), (b) (7)(C)  ganization of which it is an affiliate or constituent unit (to  6. DECLARATION  ove charge and that the statements are true to the  (b) (6), (b) (7)(C)	Ab. Talenhace Na (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief  An individual  (Printlype name and title or office, if any)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED ST/ OF AMERICA NATIONAL LABO

**ELATIONS BOARD** CHARGE AGAINST EMPLOYER

NOT WRITE IN THIS COACE

C	NO	LANKEL	IN THIS SPACE
1	1	9767	Date Filed

FORM EXEMPT UNDER 44 U.S.C 3512

	2000		22.	
INS:	TR!	CT	O	110.

File an original together with four copies and a copy for each additional cha

Case

a. Name of Employer	1. EMPLOYER	AGAINST WHOM CHARGE IS BROU	GHT
Mallory Distribution Cent	ers		b. Number of workers employed 40+
c. Address (Street, city, st. 4294 Swinnca Road	ate, and ZIP code)	d. Employer Representative Jeanette Green	e. Telephone No. (901)370-4360
Memphis	TN 38118-	Human Resources Manager	Fax No. (901)370-4367
f. Type of Establishment(fa Warehouse	actory, mine, wholesaler, etc.)	g. Identify principal product or service Storage and distribution of goods	(201)370-4307
subsections)	W. M. See, W. L. A. Prices.		onal Labor Relations Act, and these unfair labor
	affecting commerce within the mea and the Postal Reorganization Act.		s are unfair practices affecting commerce within
<ol> <li>Full name of party filing</li> <li>(b) (6), (b) (7)(C)</li> </ol>	charge (if labor organization, give	full name, including local name and number)	
(b) (6), (b) (7)(C)	charge (if labor organization, give imber, city, state, and ZIP code)	full name, including local name and number) (b) (6), (b) (7)(C)	4b, Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
(b) (6), (b) (7)(C) 4a. Address <i>(Street and nu</i> (b) (6), (b) (7)(C)	umber, city, state, and ZIP code)		4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -
(b) (6), (b) (7)(C)  4a. Address (Street and nu (b) (6), (b) (7)(C)  5. Full name of national or organization)	imber, city, state, and ZIP code) rinternational labor organization of	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

615 736 7761 P.02

FORM NLRB-501 (8-07)

UNITED STAT **YF AMERICA** NATIONAL LABOR LATIONS BOARD CHARGE AGAINST EMPLOYER

Ę IOT W	RITE IN THIS SPACE
Case 26-CA-22924	Date Filed // Nov 21, 2007

INSTRUCTIONS:

File an original together with four copies and a copy for each additional charged party named in Item 1 with NLRB Regional Director for the region in which the alleged

1. EMPLOYER	RAGAINST WHOM CHARGE IS BROU	GHT
a. Name of Employer Goodman Company LP		b. Number of workers employed 200
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
1810 Wilson Pkwy		(931)433-6101
Fayettville TN -		Fax No.
f. Type of Establishment(factory, mine, wholeseler, etc.) factory	g. Identify principal product or service	- D-C
h. The above-named employer has engaged in and is engag subsections)  practices are practices affecting commerce within the mea	of the Natio	onal Labor Relations Act, and these unfair labor
the meaning of the Act and the Postal Reorganization Act.	이 그렇게 하는 그 이렇게 아니아님 나는 이 아이 얼룩한 그렇지 않는데 하고 말을 하는 아니다 하다 없는	
2. Basis of the Charge (set forth a clear and concise statems	ent of the facts mostituting the alleged unfair	lebor practices
	full name, including local name and number)	
b) (6), (b) (7)(C)	full name, including local name and number)	4b. Telephone No.
b) (6), (b) (7)(C)		
3. Full name of party filing charge (if labor organization, give b) (6), (b) (7)(C) 4a. Address (Street and number, city, state, and ZIP code) b) (6), (b) (7)(C)	full name, including local name and number)	4b. Telephone No. (b) (6), (b) (7)(C)
4a, Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)	(b) (6), (b) (7)(C)	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. (b) (6), (b) (7)(C)
4a. Address (Street and number, city, state, and ZIP code)  (6), (b) (7)(C)  5. Full name of national or International labor organization of organization)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  Fax No. (b) (6), (b) (7)(C)  be filled in when charge is filed by a labor
(a) (b) (7)(c)  As Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c)  5. Full name of national or International labor organization of organization)  (b) (6), (b) (7)(c)  (c) the above charge (c)	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  FRX No. (b) (6), (b) (7)(C)  the filled in when charge is filed by a labor  the filled in when charge and belief.
(a) (b) (7)(c)  Aa. Address (Street and number, city, state, and ZIP code)  (b) (6), (b) (7)(c)  5. Full name of national or International labor organization of organization)  (c) (b) (6), (b) (7)(c)  (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(b) (6), (b) (7)(C)  which it is an affiliate or constituent unit (to be	4b. Telephone No. (b) (6), (b) (7)(C)  FRX No. (b) (6), (b) (7)(C)  the filled in when charge is filed by a labor  the filled in when charge and belief.  Individual
(a) (b) (7)(c)  As Address (Street and number, city, state, and ZIP code) (b) (6), (b) (7)(c)  5. Full name of national or International labor organization of organization)  (b) (6), (b) (7)(c)  (c) the above charge (c)	(b) (6), (b) (7)(C)  f which it is an affiliate or constituent unit (to the final of the final o	4b. Telephone No. (b) (6), (b) (7)(C)  Eax No. (b) (6), (b) (7)(C)  De filled in when charge is filed by a labor  Dest of my knowledge and belief.  Individual  (Printlype name and title or office, if any)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

(b) (6), (b) (7)(C) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to dectine to invoke its processes.

#### UNITED STATE - AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

	J. 1-1-1-1	FURM EXEMPT UNDER 44 U.S.C 3512			
DL	VTO. Je	VRITE IN THIS SPACE			
Case 26-C	A.229	744 Date Filed /2/2007			

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LACO	TOI	ICT	101	10.
	1 10	14.	16 25	

	LOYER AGAINST WHOM CHARGE IS BROL	JGHT
a. Name of Employer		b. Number of workers employed
Simmons Prepared Foods		App. 100
c. Address (Street, city, state, and ZIP code)	d. Employer Representative	e. Telephone No.
2101 Twin Circle Drive	Ms. Dana	(479)410-3036 451
Jan Buren AR 7295	Soller Director of People Services	Fax No. (479)474-5264
Type of Establishment(factory, mine, wholesaler, a factory		
subsections)	the meaning of the Act, or these unfair labor practice	ional Labor Relations Act, and these unfair labo
On or about (b) (6), (b) (7)(C) 2007 on (b) (6), (b) (7)(C) because of my	, the above-named Employer suspended me a	
changes on our work schedule.  On or about (b) (6), (b) (7)(C) the air	pove-named Emplyer interferred with, restrain the Act by, among other actions including but r	ed, and coerced me
changes on our work schedule.  On or about (b) (6), (b) (7)(C) the air in my rights under Section 7 of the interrogating me about my activity interrogating me about my activity (6), (b) (7)(C)	oove-named Emplyer interferred with, restrain ne Act by, among other actions including but r ites.	ned, and coerced me not limited to,
changes on our work schedule.  On or about (b) (6), (b) (7)(C) the air in my rights under Section 7 of the interrogating me about my activity interrogating me about my activity (6), (b) (7)(C)	oove-named Emplyer interferred with, restrain ne Act by, among other actions including but r ites.	ted, and coerced me not limited to,  (b) (6), (b) (7)(C)  Fax No.
changes on our work schedule.  On or about (b) (6), (b) (7)(C) the air in my rights under Section 7 of the interrogating me about my activity interrogating me about my activity (6), (b) (7)(C)  So Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  To Full name of national or international labor organization (b) (6), (b) (7)(C)  (b) (6), (b) (7)(C)  (c) Above (b)	code)	(b) Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.
changes on our work schedule.  On or about (b) (6), (b) (7)(C) the air in my rights under Section 7 of the interrogating me about my activity interrogating me about my activity (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  See Address (Street and number, city, state, and ZIP (6), (b) (7)(C)	code)  (b) (6), (b) (7)(C)  (c) DECLARATION  charge and that the statements are true to the	(b) (6), (b) (7)(C)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.  Individual
changes on our work schedule.  On or about (b) (6), (b) (7)(C) the air in my rights under Section 7 of the interrogating me about my activity interrogating me about my activity (6), (b) (7)(C)  So Address (Street and number, city, state, and ZIP (6), (b) (7)(C)  Full name of national or international labor organization (b) (6), (b) (7)(C) above (b)	code)  (b) (6), (b) (7)(C)  (c) DECLARATION  charge and that the statements are true to the	(b) Telephone No. (b) (6), (b) (7)(c)  Fax No. ( ) -  be filled in when charge is filed by a labor  best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)